Action Plan for Missouri – A healthy, safe and meaningful life for all

PRIORITY ONE: Developing a competent workforce for co-occurring disorders						
Strategy(-ies)	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 1.1 Assessment of current workforce, including clinical supervision	Action 1.1.1 Identify key competencies	Tom Rehak and Rosie Anderson-Harper	COSIG Steering Committee	List of clinical and cultural competencies	Develop list	October, 2005
	Action 1.1.2 Assess workforce competencies, gaps, capacity availability and diversity	Jan Soucie, Mark Stringer & Kathy Carter	Office of Human Resources, Division of CPS & ADA, and CCMHC's	Detailed analysis of workforce demographics, skill sets, experience and geographic distribution	Gather information from various sources Analyze information to determine system strengths and weaknesses.	October, 2005
	Action 1.1.3 Assess workforce attitudes and readiness to change, including organizational attitudes	Ashley Haden	Missouri Institute of Mental Health	Survey results measuring willingness and readiness to change of current workforce	Conduct survey Survey analysis	Ongoing
Strategy 1.2 Develop supportive infrastructure (Policy)	Action 1.2.1 Identify components of current infrastructure (i.e. – policies, procedures, statutes, credentialing, certification etc.	Jan Soucie, Marsha Buckner , Tom Rehak and Laurent Javois	Office of Human Resources, Divisions of CPS & ADA, COSIG Steering Committee workgroup	Comprehensive list of things that are working, need modification and development	Develop list	October , 2005
	Action 1.2.2 Identify potential incentives for infrastructure support	Jan Soucie, Marsha Buckner & Tom Rehak	Office of Human Resources, Divisions of CPS & ADA	Knowledge of incentives for infrastructure support	Meet for purpose of identifying potential incentives	December, 2005
	Action 1.2.3 Develop change matrix	Jan Soucie, Diane McFarland & Michael Couty	Office of Human Resources, Divisions of CPS & ADA	Implement change matrix to effect infrastructure support	Based on information gleaned from actions 1.2.1 and 1.2.2, meet to develop change matrix	February, 2006

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PRIORITY ONE: Developing a competent workforce for co-occurring disorders						
Strategy(-ies)	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 1.3 Develop training	Action 1.3.1 Identify and develop academic approaches to training	Quentin Wilson, Dorn Schuffman, Pat Stilen, Debbie McBaine and Andy Homer	Department of Higher Education, COSIG Steering Committee, Department of Mental Health, Mid-America ATTC	Each University in the state will have a curriculum which will have the capacity to provide trained/credentialed staff	COSIG identifies required skill sets. Meet with Department of Higher Education to identify need and request assistance. Joint development of curriculum.	January, 2006
	Action 1.3.2 Identify and develop non-academic approaches to training	Pat Stilen, Debbie McBaine and Mark Miller	Mid-America ATTC and Divisions of CPS & ADA	List of resources that could provide non-academic ongoing education and training	Meet to develop training approaches not involving academic institutions.	June, 2005
	Action 1.3.3 Institute process that will facilitate ongoing supervision	Pat Stilen, Debbie McBaine and Mark Miller	Mid-America ATTC, Divisions of CPS & ADA	Development of curriculum to support supervision utilizing co-occurring competencies	Meetings to develop ongoing training for clinical supervision.	August, 2005

Progress to Date	**Barriers and/or Situational Changes**	**Immediate Next Steps (including potential technical assistance needs)**
Practice Guidelines for the Treatment of Adults with Co-Occurring Substance Use Disorders and Mental Illness completed by Missouri in September, 2002 including agency and provider workforce competencies. Have completed initial current practice survey. Have developed "barriers and incentives report". Have completed initial ATTC workforce survey.	Fiscal resources may not be currently available to support widespread training.	Request training and TA on best practices for clinical supervision strategies for community-based services with this population. Request information and possible TA consult from the State of Arizona. Request information on physician training for working with this population (possible TA request for consult with Fred Osher or Sars Maxwell.

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PRIORITY TWO: Create an integrated service system infrastructure						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 2.1 Broaden and strengthen advocacy base and public education/awareness	Action 2.1.1 Develop talking points and public information tools for key stakeholders (administrators, providers, consumers, families, media and policymakers)	Andy Homer, Laurent Javois, Joe Yancey and Office of Public Affairs	COSIG Steering Committee	Secure commitment from leadership (i.e.- division directors, legislators, governor's office, MHA, NAMI, FOA and CCMHC's	Meetings to develop talking points and public information/education strategies.	March, 2005
	Action 2.1.2 Develop a communication plan	Laurent Javois	COSIG Steering Committee	A clear, viable and effective plan for communicating the need for, required components, and public benefit of effective treatment for co-occurring disorders	Communication plan tool has been completed. Meet to develop and identify content and strategy for utilizing communication tool.	March, 2005
	Action 2.1.3 Target education and information sessions to key stakeholders first (legal system, medical colleagues, universities, criminal justice, legislators)	Laurent Javois, Joe Yancey and Jeanne Henry	COSIG Steering Committee and Office of Public Affairs	All stakeholders, interested parties, and the general public will be informed of the state's initiative to address co-occurring disorders	Identify key stakeholder group Set up meeting with identified stakeholders to provide information and secure buy-in.	May, 2005
Strategy 2.2 Improve collaboration and coordination of care	Action 2.2.1 Identify current barriers to collaboration and coordination and provide guidance and incentives for working together as a team	Laurent Javois, Mark Stringer, and Gary Lyndaker	COSIG Steering Committee, Divisions of CPS and ADA, Office of Information Systems	A comprehensive list of potential barriers – i.e.(policies, procedures, fiscal, information systems etc. of the current environment	COSIG committee meets with Division representatives to identify potential barriers to effective implementation.	July, 2005

PRIORITY TWO: Create an integrated service system infrastructure						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 2.2.2 Develop quality and outcome reports that allow measurement of effectiveness including a process evaluation	Pat Stilen and Heather Gotham	Mid-America ATTC and MIMH	Information that will provide the capacity to ascertain progress toward collaboration and coordination of care on an ongoing basis as well as inform implementers regarding overall implementation	Meet to identify required indicators. Select method(s) for gathering required data on indicators. Develop reports. Analyze reports. Provide feedback.	January, 2006
	Action 2.2.3 Develop standardized assessment and treatment planning documents, effective business agreements and capacity for supportive consult	Andy Homer, Laurent Javois, Rosie Anderson-Harper, Joe Parks, John Long	COSIG Steering Committee, Divisions of CPS and ADA and Office of Administration	Clinical documentation, memorandums of understanding, contracts and consultation which will facilitate effective care and treatment for the consumer with co-occurring disorders	Build on prior work to develop standardized clinical documents between two divisions. Convene work group to develop standardized clinical documents and identify necessary business agreements.	January, 2006

PRIORITY TWO: Create an integrated service system infrastructure						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 2.2.4 Increase collaboration and coordination of care with primary care physicians	Sharon Burnett and Joe Parks	COSIG Steering Committee, Missouri Hospital Association	Primary care physicians and community-based AOD and mental health providers will have a greater capacity to work in concert to meet the needs of the consumer with co-occurring disorders	Identify components for effective coordination. Identify best method for communication of identified components. Convene work group to develop plan for pursuing collaboration.	March, 2006
Strategy 2.3 Create an engaging and welcoming environment	Action 2.3.1 Review intake process and contrast with principles of a welcoming environment for treatment	Laurent Javois, Mark Stringer, Kathy Carter, Rebecca Carson	COSIG Steering Committee, CCMHC's, Office of Quality Management and ADA Provider Work Group	Intake staff are comfortable, empathetic and optimistic with consumers presenting with co-occurring disorders and those consumers feel welcomed through program literature, intake procedures and payment mechanisms	Review current intake process for community providers. Identify desired process for intake and encourage/incentivize Implementation with community providers.	June, 2005

PRIORITY TWO: Create an integrated service system infrastructure						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 2.3.2 Define the components of a culturally competent environment and implement throughout the system	Derek Willis, Laurent Javois, Joe Yancey	DMH Cultural Competence Work Group, COSIG Steering Committee	Consumers with co-occurring disorders will receive culturally relevant care that addresses and respects language, customs, values, mores and has the capacity to respond to the unique family, culture, traditions and gender concerns of the consumer	Incorporate the work that has been done through the Office of Multi-cultural Affairs into the training curriculum as a component of workforce development.	June, 2005
	Action 2.3.3 Establish focus groups of consumers, families and other stakeholders to gather input	Christine Squibb, Karen Maddox, Nancy Howard, Tyrone Moore, Edward Allen	COSIG Steering Committee, Office of Consumer Affairs, Coalition of Community Mental Health Centers, NAMI, Mental Health Association, Primary Consumers	Quality input will be received from consumers, families and other stakeholders and incorporated into the planning and implementation of a responsive system for addressing consumers with co-occurring disorders	Identify the information to be gleaned. Identify the questions that will provide the desired information. Coordinate with consumer groups, Federation of Advocates and others to establish focus groups.	June, 2005

PRIORITY TWO: Create an integrated service system infrastructure						
Strategy(-ies)	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 2.4 Identify and provide early Intervention to children, adolescents and young adults with mental illness and substance abuse.	Action 2.4.1 Request departmental office of prevention to develop actions	Charles Williams	Department of Mental Health Office of Prevention			
	Action 2.4.2					
	Action 2.4.3					
Strategy 2.5 Improve data capacity	Action 2.5.1 Develop standardized screening and assessment, including universal language	Andy Homer	Heather Gotham, Divisions of CPS and ADA	Accurate identification of individuals with co-occurring disorders	Review prior work toward development of standardized documents.	January, 2006
	Action 2.5.2 DMH providers have the ability to access historical treatment data at time of intake	Andy Homer	Department Office of Information Systems	Accurate identification of individuals with co-occurring disorders	Initial meeting with OIS to identify strategies. Develop method for accessing information.	January, 2006
	Action 2.5.3 State level coordination and sharing of information	Andy Homer, Laurent Javois and Pam Leyhe	Department Office of Information Systems, COCMHC's, Division of Medical Services	Accurate identification of individuals with co-occurring disorders	Initial meeting with OIS, DMS, and provider representatives to identify strategies.	January, 2006

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)
Currently piloting screening and assessment tool. Completed current practice survey. Completed barriers and incentives report. Practice Guidelines for the Treatment of Adults with Co-Occurring Substance Use Disorders and Mental Illness completed by Missouri in September, 2002.	Coordination and collaboration between pilot sites. Lack of standardized tools currently used across overall system.	Facilitation of planning process to develop system-wide plan for rollout of integrated infrastructure. Press release on policy academy and state action plan. Brief constituencies and other stakeholders. Request consult from Hawaii regarding their welcoming attitude strategies.

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PRIORITY THREE: Enhance Service Capacity						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 3.1 Increase current service capacity	Action 3.1.1 Determine model for service delivery for consumers in different quadrants of New York model	COSIG Steering Committee	Rosie Anderson-Harper, Tom Rehak and Joe Parks	Consumers will receive appropriate type, level and intensity of services	Review and research literature on various service models by quadrant type.	December, 2005
	Action 3.1.2 Determine needed capacity vs. existing capacity (indicators such as wait times, waiting lists, census at existing facilities)	COSIG Steering	Divisions of Comprehensive Psychiatric Services and Alcohol and Drug Abuse (CPS & ADA)	Identification of the required service capacity to support an integrated service system infrastructure	Convene a workgroup to project required service capacity. Use information to design future budget decision items.	December, 2005
	Action 3.1.3 Identify actions to address needed capacity	Michael Couty and Diane McFarland	Division staff of ADA and CPS, Departmental Office of Administration,	Plan to increase service capacity to level required to support identified service need	Feed information gleaned to division directors.	April, 2006
	Action 3.1.4 Identify barriers to accessing appropriate services	COSIG Steering Committee	Divisions of ADA and CPS, CCMHC's and ADA Provider Workgroup	Detailed listing of policies, procedures, fiscal resources, capacity issues etc. that serve as impediments for consumer access	Workgroup to gather data on barriers through focus groups, surveys and other means.	February, 2006
Strategy 3.2 Increase consumer involvement	Action 3.2.1 Gather information related to client satisfaction, services received, use the input/feedback received (e.g., focus groups in neutral locations)	Heather Gotham	Missouri Institute of Mental Health, CCMHC's and ADA Provider Workgroup	Input from primary consumers that will inform the overall process	Develop survey. Conduct survey. Analyze survey results.	October, 2005

PRIORITY THREE: Enhance Service Capacity						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 3.2.2 Continue having consumer representation on planning committees using evidence-based model	Andy Homer	COSIG Steering Committee	Meaningful quality participation from consumers and families that will inform overall process	Research and review literature on evidence-based best practices for quality consumer participation.	March, 2005
	Action 3.2.3 Assure that consumer leadership is involved in trainings both as trainers and as participants	Pat Stilen	Mid-America ATTC	Training will be directly informed by consumer's personal experience		May, 2005
	Action 3.2.4 Assess number of dual recovery groups that exist in Missouri and explore ways to offer support, including technical assistance on best practices for dual recovery groups	Pat Stilen	Mid-America ATTC	Identification and development of dual recovery groups which will function as quality community self-help components of the overall service delivery system	Identify dual recovery groups in Missouri. Set up communication with these entities to discuss potential support.	April, 2005
	Action 3.2.5 Survey providers and other key stakeholders to determine service needs, priorities and suggestions for improving system	Heather Gotham	Missouri Institute of Mental Health	Comprehensive feedback from provider community to inform overall process	Develop survey. Conduct survey. Analyze results.	June, 2005
	Action 3.2.6 Provide information and support on other consumer involvement models (e.g., peer mentoring, self help, consumer advisors, warm line), possibly using other states as models	Andy Homer and Laurent Javois	COSIG Steering Committee	The process will be informed of the array of options available, including best practices, for consumer involvement		June, 2005

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PRIORITY THREE: Enhance Service Capacity						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 3.3 Implement Community Psychiatric Rehabilitation Program (CPRP) Enhancements	Action 3.3.1 Implement existing plan (including outreach, substance abuse counselors, education groups, group therapy)	Tom Rehak	Division of CPS and Division of Medical Services	Necessary components of an integrated service delivery system will be in place	Division of Medical Services signs off on plan. Training for community provider staff. Implement enhancements.	June, 2005
	Action 3.3.2 Expand CPRP philosophy to include focus on substance use treatment	Tom Rehak and Joe Parks	Division of CPS and CCMHC's	Rehabilitation philosophy inherent in CPRP will include rehabilitation and recovery from substance use	Convene workgroup to develop strategies for infusing substance use treatment into the philosophy.	June, 2005
	Action 3.3.3 Evaluate impact of who is being served, look for ways to provide services for those who are not being served	Heather Gotham and Andy Homer	Missouri Institute of Mental Health, Department Office of Quality Management and Divisions of CPS and ADA	Analysis of plan implementation will provide information for improving services. Reduction in utilization of high end services (i.e.- ER, inpatient, etc.)	Use epidemiological data to estimate number of eligible consumers not being served. Provide training on outreach and engagement. Implement.	December, 2005

PRIORITY THREE: Enhance Service Capacity						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 3.3.4 Continue to review and revise the CPRP program as new information is available	Tom Rehak	Division of CPS and Division of Medical Services	Continuous Quality Improvement of CPRP program to better serve the needs of the co-occurring consumer		Ongoing
Strategy 3.4 Implement trauma services	Action 3.4.1 Select service models for Missouri	Rosie Anderson- Harper	Department Trauma Workgroup	Missouri will utilize Missouri service providers will have trauma service models that are appropriate for the various subsets of the co-occurring consumer population		May, 2005
	Action 3.4.2 Initiate training based on the treatment model-include the treatment philosophy, beginning and advanced training modules	Rosie Anderson-Harper and Pat Stilen	Department Trauma Workgroup, Mid-America ATTC and Community Services (CPS)	Missouri service providers will be competent in providing trauma informed services for the co-occurring population	Trauma workgroup designs trauma training. Incorporate trauma training modules into general training for co-occurring.	August, 2005

PRIORITY THREE: Enhance Service Capacity						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 3.4.3 Develop quality measures and implement a process for monitoring the provision of trauma informed services	Rosie Anderson-Harper and Rebecca Carson	Department Trauma Workgroup and Department Office of Quality Management	Capacity to monitor service providers for implementation and quality of trauma informed services	Convene workgroup to identify indicators for quality in trauma services. Meet with Office of Quality Management to insert indicators into certification process.	January, 2006
Strategy 3.5 Alternative Services and Providers	Action 3.5.1 Identify non-traditional and faith-based providers that help consumers with co-occurring disorders	Andy Homer	COSIG Steering Committee and Division of ADA	A comprehensive listing of non-traditional and faith-based providers that utilize a treatment model for co-occurring disorders		June, 2005
	Action 3.5.2 Review models and services to determine which are appropriate for DMH consumers	Andy Homer	COSIG Steering Committee	A listing of non-traditional and faith-based providers who could provide services to DMH consumers	Convene workgroup to review alternative provider's models/services.	August, 2005

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PRIORITY THREE: Enhance Service Capacity						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 3.5.3 Utilize and expand existing telemedicine capacity	Joe Parks	COSIG Steering Committee, Divisions of CPS and ADA	Telemedicine will be available in all parts of the state, especially those areas experiencing a shortage of physicians	Identify current areas where telemedicine is available.	March, 2006

Progress to Date	**Barriers and/or Situational Changes**	**Immediate Next Steps (including potential technical assistance needs)**
Both the divisions of CPS and ADA have completed general service capacity assessments. Trauma is considered a departmental priority and a trauma workgroup has been established.	General Revenue funding has continued to decrease over the past several years. Community-based service providers are currently operating at capacity and still only meeting a relatively small percentage of the target population.	Obtain approval by Medicaid for CPRP enhancements. COSIG steering committee to develop working relationship with the Trauma workgroup. Initiate rollout of Procovery philosophy. Staff training for CPRP enhancements. Technical assistance consult with Connecticut regarding their recovery-based system. TA consult with other states that have done a good job with consumer involvement and participation in planning and implementation.

PRIORITY FOUR: Developing Financing Options						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 4.1 Assess utilization of existing resources	Action 4.1.1 Identify current resources and how they are being used.	Steve Reeves, Marsha Buckner and Laurent Javois	Divisions of CPS and ADA. COSIG Steering Committee	Updated service matrix, tailored to co-occurring population. Modify system based on gaps.		April, 2005
	Action 4.1.2 Assist programs with adaptation of services and billing to better serve consumers with co-occurring disorders	Andy Homer and Laurent Javois	Divisions of CPS and ADA, CCMHC's and COSIG Steering Committee	Streamlined services within an agency. Efficient use of service providers per consumer, i.e., one case manager. Overhead costs reduced for programs.		October, 2005
	Action 4.1.3 Maximize use of outpatient services to decrease utilization of inpatient services	Andy Homer and Laurent Javois	COSIG Steering Committee	Reduced inpatient days for consumers diagnosed with co-occurring mental illness and substance use		Ongoing
Strategy 4.2 Pursue other funding partners, grants, and sources	Action 4.2.1 Explore joint funding of services with DOC and other state agencies, other jurisdictions (e.g., counties, cities, Mil tax).	Andy Homer	Office of the Director, Divisions of CPS and ADA and COSIG Steering Committee	Costs for treatment will be shared by other state systems involved with the consumer.		Ongoing
	Action 4.2.2 Explore public and private grant opportunities	Heather Gotham	Missouri Institute of Mental Health, Divisions of CPS and ADA, COSIG Steering Committee	Viable grants will be identified and applications submitted		Ongoing

PRIORITY FOUR: Developing Financing Options						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
	Action 4.2.3 Explore community action organizations such as United Way, Salvation Army, and other funding streams such as Medicare	Andy Homer	COSIG Steering Committee	Exploratory meetings with community action organizations and other potential community partners for the purpose of procuring additional sources of funds for co-occurring services		June, 2005
	Action 4.2.4 Pursue legislation to include substance use treatment parity, increase appropriations, or develop appropriation specific to co-occurring services	Diane McFarland and Michael Couty	Divisions of CPS and ADA	Substance use treatment will have insurance parity. The department will include a budget decision item funding co-occurring treatment services		May, 2006
Strategy 4.3 Efficient Utilization of Medicaid	Action 4.3.1 Implement CPRP enhancement service codes to reduce inpatient services	Tom Rehak	Division of CPS	Reduced use of POS service codes		September, 2005
	Action 4.3.2 Develop a service code for outreach/engagement in the CSTAR (Comprehensive Substance Treatment and Rehabilitation) and CPRP programs.	Tom Rehak and Mark Stringer	Divisions of CPS and ADA	Increasing services that can be matched with Medicaid funding will enable more individuals to be served		October, 2005
	Action 4.3.3 Insure that Medicaid eligible consumers are enrolled in the Medicaid program	Andy Homer and Laurent Javois	Coalition of Community Mental Health Centers, ADA Provider Workgroup and COSIG Steering Committee	More eligible consumers will be enrolled.		Ongoing

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PRIORITY FOUR: Developing Financing Options						
Strategy(-ies)	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 4.4 Cost Benefit Analysis	Action 4.4.1 Conduct cost benefit analysis or utilize data from a similar analysis conducted in a comparable state	Andy Homer	COSIG Steering Committee	A competent analysis of the overall cost (including societal costs) of serving the target population with the current service system contrasted with the overall cost of serving the target population in a co-occurring enhanced service system		January, 2006

Progress to Date	**Barriers and/or Situational Changes**	**Immediate Next Steps (including potential technical assistance needs)**
CPRP enhancements have been developed which should bring additional resources to bear on the target population. New data system being developed by the department (CIMOR) which should be complimentary to data gathering and analysis.	Medicaid agreement on CPRP enhancements has not yet occurred. Current state budget environment does not present an optimistic view of procuring additional appropriations.	Request TA for cost-benefit analysis Gain Medicaid agreement on CPRP enhancement Brief governor and governor's staff on policy academy and resulting plan. Technical Assistance with developing a public education and awareness strategy.

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